

# Non-Participating Provider Reimbursement

Reimbursement Policy ID: RPC.0101.7700

Recent review date: 03/2025

Next review date: 10/2026

*AmeriHealth Caritas Ohio reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Ohio may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.*

*In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT®); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.*

*This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.*

## Policy Overview

This policy addresses reimbursement for providers not participating with AmeriHealth Caritas Ohio or located out of the state.

## Exceptions

Federally Qualified Health Clinics, Rural Health Clinics, dialysis, Qualified Family Planning Provider claims, and emergency ambulance services are paid regardless of participating status.

## Reimbursement Guidelines

AmeriHealth Caritas Ohio will reimburse non-participating hospital providers for those emergency room services that are rendered to treat an Emergency Medical Condition. This includes radiologist, pathologist and anesthesiologist services related to the emergency services. Ohio non-participating providers are reimbursed at 100% of the Medicaid fee schedule for prior authorized services.

## Definitions

### Emergency Medical Condition

The term “emergency medical condition” means a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in— (A) placing the patient’s health in serious jeopardy, (B) serious impairment to bodily functions, or (C) serious dysfunction of any bodily organ or part.

## Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services.
- II. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM).
- III. Healthcare Common Procedure Coding System (HCPCS).
- IV. Centers for Medicare and Medicaid Services (CMS)
- V. Ohio Medicaid Fee Schedule(s).
- VI. OAC 5160-1-11
- VII. 42 C.F.R. §438.114

## Attachments

N/A

## Associated Policies

N/A

## Policy History

03/2025	Reimbursement Policy Committee Approval
04/2024	Revised preamble
08/2023	Removal of policy implemented by AmeriHealth Caritas Ohio from Policy History section
01/2023	Template Revised <ul style="list-style-type: none"><li>• Revised preamble</li><li>• Removal of Applicable Claim Types table</li><li>• Coding section renamed to Reimbursement Guidelines</li><li>• Added Associated Policies section</li></ul>

Non-Participating Provider Reimbursement All services rendered by non-participating providers and facilities require authorization with the exception of family planning education and counseling, in-office visits for family planning, childhood immunization administration, and emergency transportation and services. Nonparticipating providers are reimbursed **at not more than 100 percent of the Medicaid** rate in effect on the date of service.

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[https://ldh.la.gov/assets/medicaid/MCPP/12.19.22/680\\_LHCC\\_LA.CLMS.02\\_Provider\\_Reimbursement\\_2023.pdf](https://ldh.la.gov/assets/medicaid/MCPP/12.19.22/680_LHCC_LA.CLMS.02_Provider_Reimbursement_2023.pdf)

<https://www.amerihealthcaritasla.com/provider/nonpar/cont-care.aspx>

<https://www.amerihealthcaritasla.com/pdf/provider/resources/forms/non-participating-providers-emergency-services-payment-guide.pdf>

<https://www.amerihealthcaritasla.com/pdf/provider/resources/um-policies/authorization-for-out-of-network-practitioners-and-providers.pdf>

If the Out-of-Network Practitioner or Provider is a Medicaid Provider, they will be reimbursed for core benefits and services at the Medicaid fee-for-service rate in effect on the date of service or its equivalent, unless mutually agreed to by both ACLA and the provider. . b. If the Out-of-Network Practitioner or Provider is not a Medicaid Provider, they will be offered reimbursement for covered services at the Medicaid Fee Schedule rate for all emergency services and post stabilization services. **ACLA shall reimburse the provider one hundred percent (100%) of the Medicaid rate for emergency services. For services that do not meet the definition of emergency services, ACLA is not required to reimburse more than 90% of the published Medicaid rate in effect on the date of service to out-of-network providers** to whom they have made at least three (3) attempts (as defined in Glossary) to include the provider in their network (except as noted in Section 9.2). c. If the Out-of-Network Practitioner or Provider is not a Medicaid Provider, and they refuse reimbursement for covered services at the Medicaid Fee Schedule rate they will be referred to PNM. d. Upon reaching agreement for a specific rate for the requested services, a Single

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<https://www.selecthealthofsc.com/pdf/provider/provider-manual.pdf>

delivery treatment prior to discharge by a pediatrician who is under contract with a hospital, as well as in-office services rendered by noncontracted providers within the first 60 days following hospital discharge. In the interest of continuity of care, Select Health will compensate these nonparticipating providers, **at a minimum, the Medicaid fee-for-service rate on the date(s) of service** until such time the infant can be served by a partic